

# Catholic Physicians Guild Phoenix Chapter Member Application

<b>Name:</b>		<b>Date:</b>	
<b>Membership Type: Circle</b> Physician / Allied Health / Resident / Medical Student		<b>Specialty:</b>	
<b>Professional Information: Circle</b> MD / DO / PA / NP / RN / DDS / Pharmacy / other		<b>NFP only Practice</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	
<b>EMAIL Address:</b>		<b>Mailing Preference:</b> <input type="checkbox"/> Home <input type="checkbox"/> Office	
<b>Office Address (1)</b>			
<b>Office Address (2)</b>			
<b>Office City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Office Phone:</b>		<b>Office Fax:</b>	
<b>Home Address:</b>			
<b>Home City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>			
<b>Catholic Physician Guild Phoenix Membership</b>			
Please check your membership status below:			
<input type="checkbox"/> I am a current or past Phoenix Guild member renewing my membership			
<input type="checkbox"/> I am a new Phoenix Guild member			
<b>PAYMENT INFORMATION</b>			
<input type="checkbox"/> Check	<b>Amount:</b>	<b>Check Date:</b>	<b>Check #</b>

Membership	Description	Annual Dues
<b>Active</b>	Practicing Physician or Dentist	<b>\$100.00</b>
<b>Active</b>	Retired Physician or Dentist	<b>\$ 50.00</b>
<b>Active</b>	Training Physician, includes Interns, Residents and Medical Fellows	<b>\$0</b>
<b>Associate</b>	Allied Health Professional and Related Professionals	<b>\$50.00</b>
<b>Associate</b>	Clergy, Religious and Deacons (non-physicians)	<b>\$0</b>
<b>Associate</b>	Graduate Students in medically related fields	<b>\$0</b>
<b>Associate</b>	Medical Students, Nursing Students, Seminarians and Undergraduates	<b>\$0</b>

Please complete and mail to: Catholic Physicians Guild of Phoenix 5415 E Calle Rodonda Phoenix, AZ 85018-4539